

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/538859

FILED DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3						
4						
5						
6						
7						
8						
9						
10						
11		2				
12						
13						
14						
15						
16						
17						
18	1		1			
19						
20						
21						
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25						
26						
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29						
30						
31						
32						
33						
34						
35	1		1			
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48	1		1			
49						
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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95						
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97						
98						
99						
100						
TOTAL IND.		↓	4	↓		↓
TOTAL DEP.	←		56	←	←	
TOTAL CLAIMS			60			